120000386879

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COVER LETTER

	Registration Se Division of Cor			-
eun ira		LORIDA TRUCKING LLC		
SUBJEC	.1:	Name of Lim	ited Liability Company	
The encle	osed Articles of .	Amendment and fee(s) are sub	mitted for filing.	
Please re	turn all correspo	ndence concerning this matter	to the following:	
		LUIS G VELLON SANTO	OS	
			Name of Person	
			Firm/Company	
		\$14 SW JULIET AVE		
		PORT SAINT LUCIE, FL	Address 34953	
		LUIGGUEL GNOOS CON	City/State and Zip Code	
		LUISGVELLON0825@GM E-mail address: (AAIL.COM to be used for future annual report not	dification)
For furth	er information co	oncerning this matter, please ca	all:	
LUIS G	VELLON SANT	ros	561 577-3119 at()	
	Name of	l'Person	Area Code Daytir	ne Telephone Number
Enclosed	is a check for th	e following amount:		
\$25. 0	00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	□ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	☐ \$60.00 Filing Fee. Certificate of Status & Certified Copy (additional copy is enclosed)
	Mailing Addres Registration S Division of C P.O. Box 632 Tallahassee, I	Section orporations 7	Street Address: Registration So Division of Co The Centre of 2415 N. Monro Tallahassee, Fl	rporations Tallahassee oe Street, Suite 810

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION **OF**

VELLON FLORIDA TRUCKING LLC

(Name of the Limited Liability Compa (A Florida Emited I	ny as it now appears on our records.) Liability Company)	
The Articles of Organization for this Limited Liability Company Florida document number L20000386879	were filed on 12/10/2020	and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liab	ility company here:	
The new name must be distinguishable and contain the words "Limited Liabil	ity Company," the designation "LLC" or	the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADDRESS)		
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)		
B. If amending the registered agent and/or registered office a agent and/or the new registered office address here:	address on our records, enter the	-
		.
Name of New Registered Agent:		<u>-12</u>
New Registered Office Address:	Enter Florida street address	er og der er mæ
	Enter Piorida sirvei adaress, Florid City	හ. ස a
	City	Zip Code
New Registered Agent's Signature, if changing Registered Agent:		
I hereby accept the appointment as registered agent and agree provisions of all statutes relative to the proper and complete accept the obligations of my position as registered agent as peing filed to merely reflect a change in the registered office company has been notified in writing of this change.	performance of my duties, and I provided for in Chapter 605, F.S.	am familiar with and Or, if this document is

If Changing Registered Agent, Signature of New Registered Agent

If amending Authorized Person(s) authorized to manage, enter the title, name, and address of each person being added or removed from our records:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	Type of Action
MGR	LUIS G VELLON SANTOS	814 SW JULIET AVE	🗆 Add
		PORT SAINT LUCIE, FL 34953	Remove
			Change
			□Add
			□Remove
			Change
			□Add
			□Remove
			Change
			□Adđ
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			[]Change

	ould want to change the title of Luis G Vellon Santos to AMBR and not MGR, please, thanks
_	-
ffective	date, if other than the date of filing:
	he date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed a
ocument	's effective date on the Department of State's records.
	occifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the
l is filed.	
	2021
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ated	to the second se
ated	Signature of a member or authorized representative of a member

Filing Fee: \$25.00